

SERIAL NUMBER 09/442,868	FILING DATE 11/18/99	CLASS <del>375</del> 345	GROUP ART UNIT <del>2734</del> 2675	ATTORNEY DOCKET NO. T0471-991180	
APPLICANT WALTER C. LIN, SAN JOSE, CA.  **CONTINUING DOMESTIC DATA***** VERIFIED  **371 (NAT'L STAGE) DATA***** VERIFIED  **FOREIGN APPLICATIONS***** VERIFIED  IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/06/00 ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 2
ADDRESS DEREK J WESTBERG GRAY CARY WARE & FREIDENRICH LLP 400 HAMILTON AVENUE PALO ALTO CA 94301-1825					
TITLE METHOD AND APPARATUS FOR COMMUNICATING DIGITAL DATA FROM A COMPUTER SYSTEM TO A DISPLAY DEVICE					
FILING FEE RECEIVED  \$488	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Bib Data Sheet

CONFIRMATION NO. 6490

<b>SERIAL NUMBER</b> 09/442,868	<b>FILING DATE</b> 11/18/1999 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2674	<b>ATTORNEY DOCKET NO.</b> T0471-991180
<b>APPLICANTS</b> WALTER C. LIN, SAN JOSE, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/06/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 32
Verified and Acknowledged Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26379				
<b>TITLE</b> METHOD AND APPARATUS FOR COMMUNICATING DIGITAL DATA FROM A COMPUTER SYSTEM TO A DISPLAY DEVICE				
<b>FILING FEE RECEIVED</b> 488	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	